


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
SEC CLOUSATTY GEN Dept. of Justice 950 Pennsylvania Ave NW Washington, DC 20530-0001		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 8080 2349 7637 69		3. Service Type	
		<input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®	
		<input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™	
		<input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery	
		<input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™	
		<input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
		<input type="checkbox"/> Collect on Delivery Restricted Delivery	
9589 0710 5270 2341 6427 62		<input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	